PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

		19//402/											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR		OTHER THAN SMALL ENTITY	
T	OTAL CLAIMS	;	27	7			RAT	ΓE	FEE	7	RATE	FEE	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		FEE	385.00	OR	BASIC FEE	770.00	
TO	OTAL CHARGEA	ABLE CLAIMS	27 mir	nus 20=	*	7	X\$:	9=		OR	X\$18=	126	
INI	DEPENDENT CI	4 mi	△ minus 3 =			X43	3=	 	OR	X86=	86		
М	JLTIPLE DEPEN	NDENT CLAIM PF	RESENT				+14	 5≖		OR		\$	
* 11	the difference	e in column 1 is l	less than zo	ero, enter	"0" in c	column 2	TOT			OR	I	9/2-	
ļ	С	LAIMS AS A	MENDEL	٠.				OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	· 	(Column 1)		(Column 2) (Column 2)			SMA	LL I		OR 1 1	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		PAID F	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		= .	X\$ 9	}=_		OR	X\$18=		
AME	Independent	*	Minus	***	- CL AIM]=	X43	=		OR	X86=		
_	FIRST PRESE	+145	5=		OR	+290=							
							TO ADDIT. I	TAL FEE		Į 1	TOTAL ADDIT. FEE		
		(Column 1)	·	(Colum		(Column 3)	NOC			•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	ļ	Minus	**		· = .	X\$ 9)=		OR	X\$18=		
AME	Independent	<u> </u>	Minus	***	- AIA	=	X43	= .		OR	X86=		
لــا	FIRST PRESE	NTATION OF MU	LIPLE DEI	ENUCIA	CLAIN		+1'45	;=		OR	+290=		
:							TO ADDIT. F	TAL		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)			4		•		
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	EST BER OUSLY	PRESENT EXTRA	RATI	E .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total		Minus	**		= .	X\$ 9	=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X43=			ŀ	X86=		
⁴	FIRST PRESEN		-		OR	/							
+145=										OR	+290=		
** if	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												